	Number Filed	Number Extra	Rate	Basic Fee \$740.00/370.00
Total Claims	24 - 20 =	4 x	\$18.00/\$9.00	\$ 72.00
Independent Claims	4 - 3 =	1 x	\$84.00/ \$42.00	\$ 84.00
Multiple Dependen	t Claims	If marked, add fee of \$280.00 (\$140.00)		\$ 0
			TOTAL:	\$ 896.00

Small entity status is or has been claimed. Reduced fees under 37 C.F.R. §1.9 (f) paid herewith \$
A check in the amount of \$896.00 in payment of the application filing fees is attached.
Charge fee to Deposit Account No. <u>13-4500</u> , Order No A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
The Commissioner is hereby authorized to charge any additional fees which may be required for filing this application pursuant to 37 CFR §1.16, including all extension of time fees pursuant to 37 C.F.R. § 1.17 for maintaining copendency with the parent application, or credit any overpayment to Deposit Account No. 13-4500, Order No. 1232-4809. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

Respectfully submitted, MORGAN & FINNEGAN, L.L.P.

Dated: January 15, 2002

By: Thomps A Columnia

Joseph A. Calvaruso Registration No. <u>28,287</u>

Correspondence Address:

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